ATTORNEY OR PARTY WITHOUT ATTOR	RNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
H			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFO	ORNIA, COUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
IN THE MATTER OF (NAME):			
		Petitioner, a minor	
			CASE NUMBER:
DECLARATION OF E	MANCIPATION OF M	INOR AFTER HEARING	
1. This proceeding came on fo	or hearing as follows:		
a. Date:	Time:	Dept.:	Div.: Room:
b. Judge (name):			
c. Present in court:	-		
Petitioner	Ţ	Attorney (name):	
Father	Ţ	Attorney (name):	
Mother	Ĺ	Attorney (name):	
Probation officer (	name):		
Social worker (name):			
County counsel (name):			
District attorney (name):			
Other (name and relationship to minor):			
2. THE COURT FINDS THAT:			
a. Notice was given as prescribed by the court.			
b. Warning has been given to the petitioner's mother father that a court may rescind the declaration of			
emancipation and the parents may become liable for the minor's support and medical coverage.			
			loaida dovorago.
<ul><li>c. The petitioner is a person described by Family Code section 7120.</li><li>d. Emancipation is not contrary to the best interests of the petitioner.</li></ul>			
3. THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR THE PURPOSES SET FORTH IN			
FAMILY CODE SECTION 7050 ET SEQ.			
PAIVILY CODE SECTION /	1030 ET SEQ.		
Date:			
		(5	JUDGE OF THE SUPERIOR COURT)
[SEAL]			
CLERK'S CERTIFICATE			CATE
I certify that the foregoing is a true and correct copy of the original on file in my office.			ne onginal on lile in my office.
	Date:	Clerk, by	, Deputy
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